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| APPLICATION NO. | FILING DATE | | FIRST NAMED INVE | NTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. | | |
| 10/791,222 | 3/1/2004 | Geoffrey Ou | | red | MS1 - 2019US | 3945 | | |
| TITLE OF INVENTION: | Design Time Validati | on of Systems | 3 | | | | | |
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| Kevin | T. Bates | 2456 | 3 | 709-224000 | | | | |
| Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. | | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, | | | | | |
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| Tree Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required. | | | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | | |
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| PLEASE NOTE: Unless recordation as set forth in | s an assignee is identified be n 37 CFR 3.11. Completion | elow, no assignee of this form is NO | data will appear on Γa substitute for fili | the patent. If an a | ssignee is identified below, the | document has been filed for | | |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | | | |
| Microsoft Corporation | | | Redmond, | | WA US | 3 | | |
| | | | | | | | | |
| | e assignee category or catego | | | | Corporation or other private in the component of the c | group entity Government | | |
| 4a. The following fee(s) are | enclosed: | 4b | Payment of Fee(s) | | | | | |
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/Elizabeth J. Zehr, Reg. No. 64013/ 22 December 2010 Authorized Signature Date ____ Elizabeth J. Zehr 64013 Typed or printed name Registration No.

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